



POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*list name and registration number*)

Patrick W. Rasche (Reg. No. 37,916), John S. Beulick (Reg. No. 33,338), Bruce T. Atkins (Reg. No. 43,476), Thomas M. Fisher (Reg. No. 47,564), Daniel M. Fitzgerald (Reg. No. 38,880), Robert B. Reeser III (Reg. No. 45,548), and Michael Tersillo (Reg. No. 42,180), all of Armstrong Teasdale LLP, One Metropolitan Square, St. Louis, MO 63102; Carl B. Horton, (Reg. No. 34,622), Peter Vogel (Reg. No. 41,363), and, Michael A. Della Penna (Reg. No. 45,697), all of GE Medical Systems, 3000 North Grandview Blvd., W-710, Waukesha, WI 53188; Ronald E. Myrick (Reg. No. 26,315); Henry J. Policinski (Reg. No. 26,621), John F Beninati, Reg. No. 40,510, all of General Electric Company (W3C), 3135 Easton Turnpike, Fairfield, CT 06431-0001

Send Correspondence to:

Patrick W. Rasche  
Armstrong Teasdale LLP  
One Metropolitan Square, Suite 2600  
St. Louis, MO 63102-2740

Address telephone calls to

Patrick W. Rasche  
314.621.5070

**COMBINED DECLARATION AND POWER OF ATTORNEY****Attorney Dock t No.  
16CT01218**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

**SOLE OR FIRST INVENTOR:**Full Name: Akira HagiwaraSignature: Akira Hagiwara Date: May 16, 2003Residence: Tokyo, JapanCitizenship: JapanPost Office Address: GE Yokogawa Medcal Systems, 7-127, Asahigaoka 4-chome, Hino-shi, Tokyo 191-8503  
JAPAN**SECOND JOINT INVENTOR, IF ANY:**

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

**THIRD JOINT INVENTOR, IF ANY:**

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_